Occupational License Director P.O. Box 236 Russellville, KY 42276

Phone: 270-726-4667 Fax: 270-726-4668

Email: logantaxes@bellsouth.net

Name of Business		
Physical Street Ad-	dress:	
City:	State: Zip Code_	·
Mailing Address (i	f different from above)	
Phone #	Fax #:	
Email Address:		
Description of Bus	iness	
	Individual Partnership Corporation LLC	
Federal I.D. Numb	er	
Approximate date	Business or Job Will Start/Started in Logan County	
Accounting Period	Per Federal Return	
Will you have Emp	oloyees Working in Logan County? Yes	No
Do you want to file	/pay payroll tax returns	у
Do you have any c	ontract labor/ those who will receive 1099? Yes	s No
calendar year aloi have CONTRAC	and 1099's must be submitted to the County by February with an Annual Reconciliation form, which is mailed I LABORERS, you must inform them that each individual business in the County.	out in January. If you dual must register to do
	Owner(s):	
Business Owners	Home Address:	
Signature of Appl	icant:	
	z	
Date:		